



State of New Hampshire

DEPARTMENT OF CORRECTIONS

P. O. Box 1806
CONCORD, NH 03302-1806
(603) 271-5600

STATEMENT FORM

ON 7/13/18 AT 2000 AT SPU Security Office
(Date) (Time) (Place)
I CO Ryan GAVE TO _____
(Name) (Investigator's Name)

THE FOLLOWING STATEMENT, WHICH IS THE TRUTH AND IS SIGNED UNDER THE CRIMINAL PENALTIES PROVIDED BY LAW FOR FALSE STATEMENTS.

On the above date at approx. 1830, I
CO Ryan assisted with the cell extraction
of patient Soler, Jr William #42507. I
was third man in and helped secure Soler
to the ground by his arm, at this time I
pulled the shield out from under Soler, he was
secured then escorted to Echo Shower. Soler
was seen by medical staff.

EOS
CO [Signature]